

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000015893**

1. Entity Name
D. LITTLEFIELD EXPRESS, INC.

Amended

Tracking # 400005374474
FILED
02 NOV 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**16671 SHELBY LANE
NORTH FT. MYERS FL 33917**

Mailing Address
**16671 SHELBY LANE
NORTH FT. MYERS FL 33917**



2. Principal Place of Business

3. Mailing Address

P.O. Box 3504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

No Ft Myers FL

4. FEI Number **65-0890698**

Appl

Not

Zip

Country

33918

Country

Lee

5. Certificate of Status Desired ☐ **TA**

\$8.75 Addl Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTLEFIELD, DWIGHT B
16671 SHELBY LANE
NORTH FT. MYERS FL 33917**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LITTLEFIELD, DWIGHT B**
CITY-ST-ZIP **16811 SHELBY LANE
NORTH FT. MYERS FL 33917**

TITLE ☐ Change
NAME **-- ****
STREET ADDRESS **400005374474**
CITY-ST-ZIP **11/26/02--01041--001 **61.25**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change
NAME **Secretary**
STREET ADDRESS **Douglas B. Smith**
CITY-ST-ZIP **1026 Albert Ave.
Lehigh FL 33971**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change
NAME **Treasurer**
STREET ADDRESS **Deborah A. Putnam**
CITY-ST-ZIP **16671 Shelby Lane
No Ft. Myers FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or changed, or on an attachment with an address, with all other like empowered.

Dwight B. Littlefield

Dwight B. Littlefield

11/18/02